

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	AS	5/3	5/13/99
O.I.P.E. CLASSIFIER	DP	68971	5/14/99
FORMALITY REVIEW	DR	68971	5/14/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/13/99
2	✓	✓	5/13/99
3	✓	✓	5/13/99
4	✓	✓	5/13/99
5	✓	✓	5/13/99
6	✓	✓	5/13/99
7	✓	✓	5/13/99
8	✓	✓	5/13/99
9	✓	✓	5/13/99
10	✓	✓	5/13/99
11	✓	✓	5/13/99
12	✓	✓	5/13/99
13	✓	✓	5/13/99
14	✓	✓	5/13/99
15	✓	✓	5/13/99
16	✓	✓	5/13/99
17	✓	✓	5/13/99
18	✓	✓	5/13/99
19	✓	✓	5/13/99
20	✓	✓	5/13/99
21	✓	✓	5/13/99
22	NN	NN	
23	NN	NN	
24	NN	NN	
25	NN	NN	
26	NN	NN	
27	NN	NN	
28	NN	NN	
29	NN	NN	
30	NN	NN	
31	NN	NN	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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